

Application for Federal Assistance

**U.S. Department of Housing
and Urban Development**

OMB Approval No.2501-0017 (exp. 12/31/2004)

1. Type of Submission <input checked="" type="checkbox"/> Application <input type="checkbox"/> Preapplication		2. Date Submitted 15-May-03		4. HUD Application Number			
		3. Date and Time Received by HUD		5. Existing Grant Number B-02-MC-25-0005			
				6. Applicant Identification Number B-03-MC-25-0005			
7. Applicant's Legal Name City Of Cambridge				8. Organizational Unit Community Development Department			
9. Address (give city, county, State, and zip code) A. Address: 238 Broadway B. City: Cambridge C. County: Middlesex D. State: Massachusetts E. Zip Code: 02139				10. Name, title, telephone number, fax number, and e-mail of the person to be contacted on matters involving this application (including area codes) A. Name: Janet L. Cudmore-Boswell B. Title: Community Development Block Grant Manager C. Phone: 617-349-4600 D. Fax: 617-349-4669 E. E-mail: jcudmore@Spike.ci.cambridge.ma.us			
11. Employer Identification Number (EIN) or SSN 46001383				12. Type of Applicant (enter appropriate letter in box) <input checked="" type="checkbox"/> C A. State I. University or College B. County J. Indian Tribe C. Municipal K. TDHE D. Township L. Individual E. Interstate M. Profit Organization F. Intermunicipal N. Non-profit G. Special District O. Public Housing Authority H. Independent School District P. Other (Specify)			
13. Type of Application <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Renewal <input type="checkbox"/> Revision If Revision, enter appropriate letters in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Amount B. Decrease Amount C. Increase Duration D. Decrease Duration E. Other (Specify)				14. Name of Federal Agency U.S. Department of Housing and Urban Development			
15. Catalog of Federal Domestic Assistance (CFDA) Number Title: Community Development Block Grant Component Title: 1 4.218				16. Descriptive Title of Applicant's Program The 29th Entitlement Application Year by the City of Cambridge. The Fiscal Year 04 One Year Action Plan			
17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.) City of Cambridge - Citywide				18a. Proposed Program start date 7/1/2003		18b. Proposed Program end date 6/30/2004	
19a. Congressional Districts of Applicant Eighth		19b. Congressional Districts of Program Eighth					
20. Estimated Funding: Applicant must complete the Funding Matrix on Page 2.							
21. Is Application subject to review by State Executive Order 12372 Process? A. Yes <input type="checkbox"/> This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____ B. No <input checked="" type="checkbox"/> Program is not covered by E.O. 12372 <input type="checkbox"/> Program has not been selected by State for review.							
22. Is the Applicant delinquent on any Federal debt? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes," explain below or attach an explanation.							

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Community Development Block Grant	\$3,878,000	\$0	\$650,700	\$650,000	\$678,000	\$7,479,165	\$240,000	\$13,575,865
Grand Totals	\$3,878,000	\$0	\$650,700	\$650,000	\$678,000	\$7,479,165	\$240,000	\$13,575,865

* For FHIPs, show both initiative and component

Certifications

I certify, to the best of my knowledge and belief, that no Federal appropriated funds have been paid, or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or Member of Congress, an officer or employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all sub awards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly.

To the best of my knowledge and belief, all data in this application are true and correct and the certifications made on Assurances and Certifications (HUD form 424-B) attached to this application or currently on file in the Department, are a material representation of the fact upon which reliance shall be placed when this transaction was made and entered into.

23. Authorized Official Signature	Name (printed) Robert W. Healy
Title Cambridge City Manager	Date (mm/dd/yyyy) 5/12/2003

Application for Federal Assistance

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☒ Application

☐ Preapplication

2. Date Submitted

15-May-03

4. HUD Application Number

3. Date and Time Received by HUD

5. Existing Grant Number

6. Applicant Identification Number

M-02-25-0202

7. Applicant's Legal Name

City Of Cambridge

8. Organizational Unit

Community Development Department

9. Address (give city, county, State, and zip code)

A. Address: 238 Broadway
B. City: Cambridge
C. County: Middlesex
D. State: Massachusetts
E. Zip Code: 02139

10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Marshalee Ellis-Kehlhem
B. Title: HOME Coordinator
C. Phone: 617-349-4600
D. Fax: 617-349-4669
E. E-mail: mkehlhem@Spike.ci.cambridge.ma.us

11. Employer Identification Number (EIN) or SSN

46001383

12. Type of Applicant (enter appropriate letter in box)

C

A. State I. University or College
B. County J. Indian Tribe
C. Municipal K. TDHE
D. Township L. Individual
E. Interstate M. Profit Organization
F. Intermunicipal N. Non-profit
G. Special District O. Public Housing Authority
H. Independent School District P. Other (Specify)

13. Type of Application

☒ New ☐ Continuation ☐ Renewal ☐ Revision

If Revision, enter appropriate letters in box(es)

A. Increase Amount B. Decrease Amount C. Increase Duration
D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

1 4.239

Title: HOME Investment Partnership Program
Component Title:

16. Descriptive Title of Applicant's Program

The 29th Entitlement Application Year by the City of Cambridge. The Fiscal Year 04 One Year Action Plan

17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.)

City of Cambridge - Citywide

18a. Proposed Program start date

7/1/2003

18b. Proposed Program end date

6/30/2004

19a. Congressional Districts of Applicant

Eighth

19b. Congressional Districts of Program

Eighth

20. Estimated Funding: **Applicant must complete the Funding Matrix on Page 2.**

21. Is Application subject to review by State Executive Order 12372 Process?

A. Yes ☐ This preapplication/application was made available to the State Executive Order 12372 Process for review on: Date _____
B. No ☒ Program is not covered by E.O. 12372
☐ Program has not been selected by State for review.

22. Is the Applicant delinquent on any Federal debt?

☒ No

☐ Yes If "Yes," explain below or attach an explanation.

Funding Matrix

The applicant must provide the funding matrix shown below, listing each program for which HUD funding is being requested, and complete the certifications.

Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
HOME Investment Partnership Grant	\$1,180,327	\$7,022,400	\$4,784,790	\$3,072,600	\$0	\$12,868,937	\$0	\$28,929,054
Grand Totals	\$1,180,327	\$7,022,400	\$4,784,790	\$3,072,600	\$0	\$12,868,937	\$0	\$28,929,054

* For FHIPs, show both initiative and component

Certifications

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5. Existing Grant Number

6. Applicant Identification Number

S-02-MC-25-0003

7. Applicant's Legal Name

City Of Cambridge

8. Organizational Unit

Community Development Department

9. Address (give city, county, State, and zip code)

A. Address: 51 Inman Street

B. City: Cambridge

C. County: Middlesex

D. State: Massachusetts

E. Zip Code: 02139

10. Name,title,telephone number,fax number, and e-mail of the person to be contacted on matters involving this application (including area codes)

A. Name: Jolyon Cowan

B. Title: Program Manager

C. Phone: 617-349-6200

D. Fax: 617-349-6248

E. E-mail: jcowan@Spike.ci.cambridge.ma.us

11. Employer Identification Number (EIN) or SSN

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A. Increase Amount B. Decrease Amount C. Increase Duration

D. Decrease Duration E. Other (Specify)

14. Name of Federal Agency

U.S. Department of Housing and Urban Development

15. Catalog of Federal Domestic Assistance (CFDA) Number

1 4.231

Title: Emergency Shelter Grant

Component Title:

16. Descriptive Title of Applicant's Program

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17. Areas affected by Program (cities, counties, States, Indian Reservation, etc.)

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Grant Program*	HUD Share	Applicant Match	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
Emergency Shelter Grant Program	\$132,000	\$229,587	\$0	\$0	\$0	\$0	\$0	\$361,587
Grand Totals	\$132,000	\$229,587	\$0	\$0	\$0	\$0	\$0	\$361,587

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Name (printed)

Robert W. Healy

Title

Cambridge City Manager

Date (mm/dd/yyyy)

5/12/2003